



OFFICIAL SCHOOL CLASS CANCELLATION FOR STANDARD/EMERGENCY NOTIFICATION

DMV USE ONLY	
OCCUPATIONAL LICENSING NUMBER	
FIRM NAME	

IMPORTANT – READ CAREFULLY: Please print clearly in blue or black ink or type. This form or facsimile must be completed in its entirety and submitted with the following or it will be returned to you.

INSTRUCTIONS:

- Submit a separate form for each classroom location or attach to this form a list of all classroom locations. **Each page attached must contain the information required in Sections A thru D.**
- **Fax or email to:** The Traffic Assistance Program Vendors.

STANDARD CANCELLATION: This form must be received no later than 5:00 PM on the fifth (5th) business day preceding the scheduled class date, pursuant to Section 345.41(a) of the California Code of Regulations.

EMERGENCY CANCELLATION: This form must be postmarked no later than the first (1st) business day following the cancelled class, pursuant to Section 345.41(b) of the California Code of Regulations.

SECTION A — BUSINESS INFORMATION

SCHOOL NAME	TVS NUMBER	AREA CODE/TELEPHONE NUMBER ()
BUSINESS ADDRESS WHERE SCHOOL RECORDS ARE STORED	CITY	STATE ZIP CODE

SECTION B — CLASSROOM LOCATION *(See above instructions.)*

CLASSROOM STREET ADDRESS	CITY	STATE	ZIP CODE	ROOM
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SECTION C — LIST ALL CLASSES TO BE CANCELLED FOR THIS LOCATION

CLASS DATE	CLASS HOURS	INSTRUCTIONAL LANGUAGE
REASON FOR CANCELLATION		
CLASS DATE	CLASS HOURS	INSTRUCTIONAL LANGUAGE
REASON FOR CANCELLATION		
CLASS DATE	CLASS HOURS	INSTRUCTIONAL LANGUAGE
REASON FOR CANCELLATION		
CLASS DATE	CLASS HOURS	INSTRUCTIONAL LANGUAGE
REASON FOR CANCELLATION		

SECTION D — APPLICATION CERTIFICATION

I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

PRINTED NAME OF OWNER, OPERATOR, OR AUTHORIZED REPRESENTATIVE	TITLE
SIGNATURE OF OWNER, OPERATOR, OR AUTHORIZED REPRESENTATIVE X	DATE

